

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 135

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla *SW*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Hospital *O*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Everett Cleet Prewett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male *O* 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Letitia Prewett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	7	10	hr. _____ min.

9. Birthplace Hooker, Mo.
(City, town, or county) (State or foreign country) *O*

10. Usual occupation Farmer

11. Industry or business _____

12. Name B. H. Prewett

13. Birthplace Phelps Co., Mo.
(City, town, or county) (State or foreign country) *O*

14. Maiden name Ella Spaulding

15. Birthplace Pulaski Co., Mo.
(City, town, or county) (State or foreign country) *O*

16. (a) Informant Mrs. Everett Prewett

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) Oct. 12, 1941 (b) Joe F. Taylor
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski *85*
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon
(If rural, give location) *1*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 12th.,
year 1941 hour 4:00 minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 11th.,
7:30 p.m. 1941 to Oct. 12th. 1941;
that I last saw him alive on Oct. 11th. 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating wound *Duration*
into the skull by some sharp
object in an automobile accident.

Due to Skalp wound; bruises and
abrasions about the body. *10 hrs.*

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 10-11-41

(c) Where did injury occur? (Do not know) *91*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway
(Specify type of place)

While at work? _____ (b) Means of injury Auto wreck

23. Signature Joe F. Taylor (M, D or other) *O*

Address Phelps Co. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

October 12, 1941

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address..... Dixon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.